

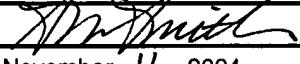
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PTO/SB/21 (04-04)

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|--|--|------------------------|------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/764.429 |
| | | Filing Date | January 23, 2004 |
| | | First Named Inventor | ZDEBLICK, MARK |
| | | Art Unit | 3762 |
| | | Examiner Name | Unassigned |
| Total Number of Pages in This Submission | | Attorney Docket Number | 021308-001110US |

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| ENCLOSURES (Check all that apply) | | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard PTO/SB/08A & PTO/SB/08B 1 PCT Search Report | |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |

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|---|---|--|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Townsend and Townsend and Crew LLP Scott M. Smith | |
| Signature |  | |
| Date | November 11, 2004 | |

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| CERTIFICATE OF TRANSMISSION/MAILING | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | Tiffany Wu | | |
| Signature |  | Date | November 12, 2004 |

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NOV 15 2004
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PATENT
Attorney Docket No.: 021308-001110US

On 11/21/04

TOWNSEND and TOWNSEND and CREW LLP

By: 
Tiffany Wu

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

ZDEBLICK et al.

Application No.: 10/764.429

Filed: January 23, 2004

For: METHOD AND APPARATUS FOR
ENHANCING CARDIAC PACING

Examiner: Unassigned

Art Unit: 3762

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. A copy of the reference is not enclosed. It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and the reference be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed is a copy of the Search/Examination report corresponding to the PCT application.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Scott M. Smith
Reg. No. 48,268

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60355288 v1



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| <p>Substitute for form 1449A/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p><i>(use as many sheets as necessary)</i></p> | | <i>Complete if Known</i> | |
| | | Application Number | 10/764,429 |
| | | Filing Date | January 23, 2004 |
| | | First Named Inventor | ZDEBLICK, MARK |
| | | Art Unit | 3762 |
| | | Examiner Name | Unassigned |
| Sheet | 1 | of | 2 |
| | | Attorney Docket Number | |
| | | 021308-001110US | |

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|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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|--|---|----|---|-------------------------------|------------------|
| Substitute for form 1449B/PTO | | | | <i>Complete if Known</i> | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT | | | | <i>Application Number</i> | 10/764,429 |
| | | | | <i>Filing Date</i> | January 23, 2004 |
| | | | | <i>First Named Inventor</i> | ZDEBLICK, MARK |
| | | | | <i>Art. Unit</i> | 3762 |
| | | | | <i>Examiner Name</i> | Unassigned |
| Sheet | 2 | of | 2 | <i>Attorney Docket Number</i> | |

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). **2** Applicant is to place a check mark here if English language Translation is attached.